



DEPARTMENT OF THE NAVY
TRAINING SQUADRON THIRTY-ONE (VT-31)
501 BATAAN STREET SUITE B
CORPUS CHRISTI TEXAS 78419-5249

VT31INST 6120.1G
ADMIN
20 OCT 2003

TRARON THIRTY ONE INSTRUCTION 6120.1G

Subj: FITNESS FOR DUTY EXAMINATIONS

Ref: (a) BUMEDINST 6120.20B

Encl: (1) Competence for Duty Examination (NAVMED 6120/1)
(2) Suspect's rights Acknowledgement/Statement

1. Purpose. To establish policies and procedures for conducting Fitness for Duty Examinations by Medical Officers to personnel of Training Squadron THIRTY-ONE.

2. Cancellation. VT31INST 6120.1F

3. Discussion. Reference (a) directs that, upon request by competent authority, Officers of the Medical Corps at Naval Air Station, Corpus Christi, Texas, shall perform subject examinations. Fitness for Duty Examinations are necessary in cases involving possible intoxication, drug abuse, medication or other unusual duty.

4. Definition of Fitness for Duty. The ability to perform fully the military duties to which the individual normally would be assigned. A person who has indulged in intoxicating beverages or habit forming drugs to such an extent as to impair full exercise of his mental and physical faculties is unfit to be entrusted with duties incident to military service. The fact that the person is in a patient, leave or liberty status is not material with respect to the determination of his/her fitness to perform his/her military duties.

5. Authority for Examinations. As authorized by reference (a), Medical Officers will conduct Fitness for Duty Examinations when requested by any of the following officers:

Commanding Officer
Executive Officer
Command Duty Officer
Legal Officer
Department Heads
Senior Enlisted Advisor

6. Action. Requestor Shall:

a. Complete items 1 through 12 on enclosure (1), in duplicate, and forward to the Medical Officer.

b. In cases where an offense is suspected or charged, enclosure (2) must also be completed and forwarded to the Medical Officer.

7. General. In order to obtain information for evidentiary purposes through an act of a person such as handwriting samples, or extraction of body fluids, such as blood samples, it is necessary that the individual be advised of his/her rights. Examinee will be asked to acknowledge receipt of an advisory of his/her rights under Article 31, UCMJ, on the Suspect's Rights Acknowledgement/Statement before withdrawing body fluids or obtaining handwriting samples. The protection of Article 31, UCMJ, extends to production of breath samples, blood, saliva and spinal fluid, surgical operations and recovery or extraction of any object from inside the body or its orifices where these acts are done for the purpose for securing evidence as distinguished from any such action for clinical or therapeutic purposes. If the individual is unconscious, semi-unconscious or otherwise in a condition which makes him/her unable to understand and exercise his/her free will, he/she cannot be considered to cooperate voluntarily in the production of evidence. This, however, shall not interfere with any action on the part of the Medical Officer for clinical purposes, to relieve suffering, or otherwise to help the individual regain his/her health.

8. Forms. Enclosure (1) and the Suspect's Rights Acknowledgement/Statement are available from the squadron Legal Officer.


G. L. NYBERG

Distribution: (VT31INST 5216.1T)
List I

COMPETENCE FOR DUTY EXAMINATION

NAVMED 6120/1 (REV. 1-82) S/N 0105-LF-206-1206

INSTRUCTIONS FOR THE USE AND PURPOSE OF THIS FORM ARE CONTAINED IN BUMEDINST 6120.20 SERIES.

THIS FORM SHALL NOT BE USED FOR PROCEDURES PERFORMED FOR CLINICAL OR THERAPY PURPOSES.

DEFINITION OF COMPETENCE FOR DUTY

FOR PERSONS IN THE NAVAL SERVICE: The ability to perform fully the naval duties to which the individual normally would be assigned. (Note: A person who has indulged in intoxicating beverages, narcotics or dangerous drugs to such an extent as to impair sensibly the rational and full exercise of his mental and physical faculties cannot be entrusted with the duties incident to naval service. The fact that the person is in a patient, leave, or liberty status is immaterial to the determination of his competence to perform his naval duties.)

FOR ALL OTHERS: The mental and physical ability to perform fully any task or service which the individual may normally be expected to perform.

INSTRUCTIONS

- Items 1-12 shall be completed in duplicate by the commanding officer or other proper authority requesting examination.
- Items 13-48 shall be completed by medical officer conducting examination. Under item 13, History, include information provided by examinee as to ingestion and quantity of alcoholic beverage, narcotic, drug substance, or food, and time taken. Note any evidence of disease or injury (other than the condition promoting this examination) in item 16.
- When conducting an examination of competence for duty and individual is accused or suspected of an offense, comply with BUMEDINST 6120.20 series.
- All treatment provided at the time of examination shall be entered on form NAVMED 6150/3, Sick Call Treatment Record.

A. REQUEST FOR EXAMINATION

1. TO:	2. DATE	3. TIME (hours)
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It is requested that physical examination be given the following individual to determine competence for duty.

4. NAME (Last, first, middle)	5. GRADE OR RATE	6. DUTY STATION
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7. REASON FOR REFERRAL:

☐ Check here if laboratory analysis is desired.

8. SIGNATURE (Requester)	9. GRADE OR RATE	10. TITLE
11. NAME OF REQUESTER (Typewrite or print in ink)		12. DUTY STATION

B. CLINICAL EXAMINATION

13. HISTORY

14. GENERAL APPEARANCE (Include appearance of clothing)	15. MENTAL STATE
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16. DISEASES OR INJURIES (Other than the condition prompting this examination, per inst. 2 above)

17. TEMPERATURE	18. PULSE (Rate and character)
19. BLOOD PRESSURE	
20. FACE (Flushed, pallid, cyanotic)	21. TONGUE
	22. BREATH
23. SKIN (Warm, cool, moist, dry, pale)	24. SPEECH (Thick, slurred, ability to report words such as Merciful, Pedestrian, Peter Piper)
5. EYES (Site of pupils, reaction to light, conjunctive, etc.)	

Continue on Reverse

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Enclosure (1)

26. OTHER CONDITIONS <input type="checkbox"/> VOMITING <input type="checkbox"/> INCONTINENCE OF URINE <input type="checkbox"/> INCONTINENCE OF FECES	27. SAMPLE OF HANDWRITING
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C. NEUROLOGICAL EXAMINATION

28. REFLEXES <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> HYPOACTIVE <input type="checkbox"/> TREMOR	29. COORDINATION FINGER TO NOSE HEEL TO KNEE ABILITY TO APPROACH AND PICK UP OBJECT FROM THE FLOOR.	ROMBERG TEST GAIT
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D. LABORATORY EXAMINATIONS (if requested in Part A):

30. BLOOD ANALYSIS (Name of test results expressed as mgm per ml or in other standard units)	31. TIME TAKEN (HOUR) 32. DATE	33. OTHER TESTS (Gastric contents, urine, etc.)	34. TIME TAKEN (HOUR) 35. DATE
36. SPECIMEN OBTAINED BY (Name of person)		37. RESULTS VERIFIED BY (Name of person)	

E. CONCLUSIONS AS TO COMPETENCE FOR DUTY

Check the applicable "YES" or "NO" box to indicate answer.	YES	NO	If the answer to item 38 is NO, also answer items 39 and 40 and indicate in block 43 the approximate time examinee is expected to become competent to return to duty. If the answer item 39 is YES, describe in block 16 DISEASES or INJURIES. If answer to item 40 is YES, describe under block 42.
38. Is the examinee competent to perform duty?	<input type="checkbox"/>	<input type="checkbox"/>	
39. Is examinee's condition due to disease or injury?	<input type="checkbox"/>	<input type="checkbox"/>	
40. Is examinee's condition due to use of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
41. DISPOSITION: <input type="checkbox"/> RETURNED TO FULL DUTY <input type="checkbox"/> ADMITTED TO SICKLIST <input type="checkbox"/> RELEASE TO CUSTODY OF (Specify to whom)			

42. REMARKS (All answers should be as brief as possible. Items requiring more space should be continued in this "Remarks" block. Specify item continued.)

F. RESPONSE TO REQUESTOR

In accordance with the request in Section A, individual has been examined as forth above to determine competence for duty. A signed copy of the report is inserted in the Medical Record of the individual.

43. THE INDIVIDUAL ☐ HAS ☐ HAS NOT RECEIVED A COPY OF THIS REPORT.

44. SIGNATURE (Examiner)	45. GRADE OR RATE	46. DUTY STATION	47. TIME:
8. NAME (Typewrite)			DATE:

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Enclosure (1)

SUSPECT'S RIGHTS ACKNOWLEDGEMENT/STATEMENT

(Date)

FULL NAME (ACCUSED/SUSPECT) SOCIAL SECURITY NUMBER RATE/RANK

INTERVIEWER SOCIAL SECURITY NUMBER RATE/RANK

RIGHTS

I certify and acknowledge by my signature and initials set forth below that, before the interviewer requested a statement from me, he/she warned me that:

(1) I am suspected of having committed the following offense(s): _____

(2) I have the right to remain silent; _____

Initial _____

(3) Any statement I do make may be used as evidence against me in trial by court-martial;

_____ Initial _____

(4) I have the right to consult with a lawyer prior to any questioning. This lawyer may be a civilian lawyer retained by me at my own expense, or, if I wish, Navy or Marine Corps authority will appoint a military lawyer to act as my counsel without cost to me; or both

_____ Initial _____

(5) I have the right to have such retained civilian lawyer and/or appointed military lawyer present during this interview _____ Initial _____

WAIVER OF RIGHTS

I further certify and acknowledge that I have read the above statement of my rights and fully them, _____

Enclosure (2)

SUSPECT'S RIGHTS ACKNOWLEDGE/STATEMENT

(1) I expressly desire to waive my right to remain silent

Initial_____

(2) I expressly desire to make a statement_____

Initial_____

(3) I expressly do not desire to consult with either a civilian lawyer retained by me or a military lawyer appointed as my counsel without cost to me prior to any questioning

Initial_____

(4) I expressly do not desire to have such a lawyer present with me during this interview

Initial_____

(5) This acknowledge and waiver of rights is made freely and voluntarily by me, and without any promises or threats having been made to me or pressure or coercion or any kind having been used against me.

SIGNATURE (ACCUSED/SUSPECT)

COMMENTS:_____
